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EPW

I hereby certify that this correspondence is being deposited with the
United States Postal Service as First Class Mail in and envelope
addressed to: MS Non Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450
On: 08/13/04
By: Crystal Susa Printed: Crystal Susa

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**In re Application of:** Gillis, et al.**Title:** COMPOSITE DRUG DELIVERY CATHETER**Serial No.:** 10/059,895**Filing date:** 01/28/2002**Examiner:** Mendez, Manuel A.**Group Art Unit:** 3763

MS Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL FEE SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

1. Return Receipt Postcard;
2. Transmittal Fee Sheet (2pp., in duplicate);
3. Response to Restriction Requirement (10pp., in duplicate)
4. Power of Attorney (1pg.);
5. Statement under 37 CFR 3.73(b) (1pg.).

Fee Calculation – The fee has been calculated as follows:**CLAIMS AS FILED** (Fees computed under §1.16)

Claims	Number Filed	Minus Claims previously paid for	Number Extra	Large Entity Rate	Fee	TOTAL
Total Claims	19	-20	0	X \$18		\$ 0
Indep. Claims	2	-3	0	X \$86		\$ 0
___ Multiple Dependent Claim(s), if any + \$140			\$ 0			

TOTAL FILING FEE **\$0.00**

Applicants believe that no fee is due with this paper. However, if the Commissioner determines that a fee is necessary, the Commissioner is hereby authorized to charge any

additional fees associated with this communication or credit any overpayment to Deposit Account No. **50-1953**. **A duplicate copy of this communication is enclosed.**

If there are any questions regarding the above, the Examiner is invited to call the undersigned at 408-777-4915.

Date: 13 AUGUST 2004

10240 Bubb Road
Cupertino, CA 95014
Fax: 408-777-3577

Respectfully submitted,
DURECT CORPORATION

A handwritten signature in black ink, appearing to read "Thomas P. McCracken", written over a horizontal line.

Thomas P. McCracken
Reg. No. 38,548